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BASE-BALL.

Base-ball—the national game, as the enthusiastic delight to call it—has become a national nuisance. Time was when it promised to rouse us from our lethargy in regard to athletic sports. There was no village in the country which could muster a pair of "nines" among its male inhabitants that did not have its club. In the cities they were innumerable. All ages were represented in them, all trades, all professions, and even all weights, for there were "fat men's clubs" and "lean men's clubs." The art of the tailor was exhausted in inventing distinctive uniforms, and flannel was the prevailing garb. It was a good thing for the country. To be sure there was a fearful increase in the number of eyes knocked out, and heads broken, and fingers clubbed, and legs lamed, but the price was not too much to pay for the advantage gained by the bone and sinew of the land. Doctors at any rate could stand this sort of thing. But base-ball of this kind went down about as rapidly as it went up. Half a dozen seasons were enough to sweep it out of existence, and now naught is left of it but the "National League." A hundred men or so do the playing for the nation; and the only exercise the biceps or quadriceps of the American youth receive, or the expansion offered to his lungs, is in the stamping, clapping, or shouting for his side.

As citizens we might bewail base-ball on many accounts. We see no reason why press dispatches should be cumbered with the exploits of the professionals; why column after column of our daily newspaper should be taken up with them for month after month;

why our ears should be dinned with talk thereupon. Above all, we do not see why our hearts, which are elated this season with the triumph of our city, are to be cast down next year perhaps, when the doughty champions who represent it (there is not a native among them) accept the better pay of a rival and envious municipality. But as medical journalists we can only inveigh against the present state of base-ball as it affects physical culture. We are afraid that it is truly a national game, and that we are essentially a lazy people so far as our hands and feet are concerned. We love to do our exercise by proxy. It is national, too, in another respect. It feeds the love of gambling inherent in us. Like the various biters, which even temperance men may drink, it can be indulged in harmlessly by all classes of moralists.

Base-ball has utterly failed to bring out the American muscle. There is a glimmer of hope that the health-lift, which is the lazy man's gymnasium, may do something toward it, but we fear it will end at last in massage being the only exercise the American can take. We believe he can at least lie still and be rubbed.

THE press dispatches announce the death of Prof. Crosby, of Bellevue College and of the Dartmouth School of Medicine, after an illness of two days. Prof. Crosby was noted as a skillful anatomist and surgeon, a graceful writer and speaker. He possessed a wonderful amount of *bonhomie*, and his society was much sought after. He leaves many warm personal friends to regret his loss.

Original.

FOUR CASES OF SEVERE BURN.

BY L. P. YANDELL, JR., M.D.,

Professor of Therapeutics and Clinical Medicine, University of Louisville.

CASE I.—On the 29th of July, at seven o'clock A. M., I saw Miss —, who had been burned an hour before by the explosion of a can of coal-oil ignited while kindling a fire. Her clothing was entirely consumed, and I found her sitting on the bed burned thoroughly from head to foot, save her hair, which had been preserved by means of a large sun-bonnet. Her person emitted a strong, offensive odor of scorched skin. The cuticle on the fingers, toes, and some other portions of the person hung like a loose garment. On the palms and backs of the hands, and in other situations, the skin was detached in large pieces, and curled and twisted like the shedding bark of the birch and sycamore tree. The exposed flesh presented a white, cooked appearance. The fingers were crooked toward the palms, and immovable. The skin on the arms, from just above the wrists to just below the shoulders, at which points it was cracked and curled, was baked tight and hard, contracting the forearms on the arms. The face was blistered all over, showing the only moisture found on the body. From contraction of the mouth and the skin on the jaws the tongue could be but slightly protruded. It presented no unnatural appearance except seeming unusually large. The temperature from first to last was a trifle below normal. Owing to the condition of the parts I was unable to feel the pulse at the wrist, temple, neck, or elsewhere. Heart-beat was feeble, and about one hundred and twenty to the minute, though it was impossible to take it accurately. Mental condition unimpaired at any time. Intense and unquenchable thirst, constant and violent pain in the stomach, and an oppressive sense of heat were the sole complaints of the unfortunate young lady.

I painted the patient from head to foot

with white lead, the consistency of cream, gave drachm-doses of deodorated tincture of opium for the gastric pain, allowed ice-water ad libitum, and had the patient fanned constantly. The room was kept dark, quiet, and well ventilated. The opium made no impression upon the gastric pain, and was soon vomited, as was the ice-water as soon as it became warm in the stomach.

At six o'clock P. M., twelve hours after the accident, patient complained of its growing dark, saying: "I can not see. It grows darker and darker. Can you not give me more light?" and was dead.

Two ladies who assisted in extinguishing the flames received superficial burns on the hands and arms, and suffered the usual exquisite pain. These were almost instantly relieved by the application of the white-lead paint.

CASE II.—A young man fell into a tank of scalding water at a distillery. Both hands were blistered, and the entire skin from the waist down was blistered, and came off. This patient was seen half an hour after the accident. He did not complain of pain at any time until inflammation set in, when it was severe, and delirium came on. He was covered with white-lead paint, placed upon a water-bed, the bed-clothing prevented from touching him by means of large hoops over which it was stretched. In three weeks convalescence set in, and in six weeks he was going about, some deformity of the hands and feet resulting. This case is remarkable in having recovered from so extensive a burn.

CASE III.—An artilleryman standing near a large gun which burst in firing, causing also the explosion of a temporary powder-magazine, was roasted crisp from head to foot. All the hair on his body and head was consumed, and his features were burned beyond recognition. His eyes were burnt out. He was, of course, as black as powder. His skin was cracked in many places, and emitted unpleasant odor noted in Case I. Although this man writhed and tossed himself to and fro in horrible contortions, he

was probably not sensible of pain, and died in a few hours.

CASE IV.—A child, five years old, pulled a kettle of boiling water from the stove upon itself, scalding the greater portion of one side. The suffering in this case seemed intense. The child screamed constantly and seemed wild with fright, and when permitted hid under the bed or crouched in the corners of the room. White-lead paint was applied. After six or eight hours a profound sleep came on, and death ensued in about twelve hours.

White-lead paint brings almost instant relief to superficial burns, and these seem to be the most painful. It probably acts by the exclusion of the atmosphere, which is irritant. The danger of lead-poisoning from its application seems to exist but in theory.

Linseed oil and lime-water, the most popular of all applications to burns, every physician has seen used many times. Is it not a nonsensical and useless mixture? Lime-water is no exception to the law that "water and oil won't mix." The lime-water runs off, leaving only the oil, and whatever good may come from the attempted mixture is due to the oil. In severe burns the prolonged bath would seem the most probably useful treatment, but with it I have no experience. The application of bicarbonate of soda dry, or with a little water, is the latest suggested remedy for burns, and it is claimed to act marvelously in abolishing the pain and in healing the wound.

LOUISVILLE.

[The Carron oil indeed forms a very nasty dressing, but its efficiency can not be denied, and certainly it has received severe tests. If, too, the marvelous accounts which have appeared of late concerning the bicarbonate of soda as an application in burns be correct, we can understand that it is not from the oil alone, but also from the sedative influence of the alkaline lime-water that Carron oil derives its curative effects in burns. When the burn is dressed with

lint or cotton saturated with the mixture, this holds together sufficiently well.

In a single case in the writer's practice where the bath was used after Hebra's plan the patient did not receive the expected comfort or benefit. The patient, a woman, had nearly three fourths of her body burned by a coal-oil explosion, the burns varying from the first to the third degree. She was taken to the city hospital and was placed in a tepid bath. In half an hour's time she began to show signs of collapse. She was taken out, and died within the hour.

In the estimation of the writer, white lead certainly forms the most elegant dressing. It is the easiest of all to apply, and generally conveniently obtained. It is marvelously soothing and curative. If Prof. Gross had done nothing more, humanity owes him a heavy debt for the introduction of this dressing into surgery. The writer will always hold it in most grateful remembrance. A few years since his little daughter, aged four, had her dress to take fire from a match while playing in the garden. She ran a distance of twenty yards to the house (of course increasing the flames), where a servant extinguished the fire by enveloping her in a shawl. Her skirts were burned to the waist, and one of her stockings. When she was seen by the writer, twenty minutes after the accident, she was in an agony of pain and terror. Her entire right leg, from the instep of the foot upward, was burned, mainly in the first and second degrees; but in places, especially just below the waistband on her side, there were ugly blebs. Her hands and wrists were also slightly blistered. White lead was applied freely over the burnt surfaces. It was used in somewhat more consistence than that described by Dr. Y., and cotton batting secured by bandage placed over the whole, to prevent the lead from being rubbed off. The relief was instantaneous. Not a word of complaint was afterward uttered, except when there was fear that the dressing would be touched. On the tenth day there were quite severe colicky pains, most probably due to ordinary

causes. They speedily subsided; but still there was the fear of lead-absorption or duodenal trouble. At any rate the dressings had been on long enough, and were removed. No evidence whatever of the burn remained, except a thin, dry scale over the deeper side-burn, and this dropped and left no scar. Hands, leg, and side got well without blemish, and yet in places the burn was deep enough to end badly.

In the suppurative stage of burns all the ordinary dressings will frequently fail to be of benefit. A striking example came beneath the writer's notice. In May, 1875, a school-girl, aged 13, got a severe burn from the explosion of a coal-oil lamp. It involved her neck on one side, her shoulder, the region over the scapula, and the corresponding arm down to the hand. The side to the waist was also burnt over a surface eight or ten inches wide. The arm was in several places completely enveloped by the burn, and in no place was the unburnt skin more than an inch wide. She was dressed soon after the accident with Carron oil. Weeks and months passed by, and the burnt surface did not heal. The accident occurred in a southern town of this state. In November she was removed to this city, and the writer was requested by Prof. Crowe, to whose care she had been committed, to take charge of the case with him. Over the parts mentioned there was free suppuration. The patient was worn almost to a skeleton. She had hectic fever, and was in exquisite pain when the burnt parts were moved. Examination had to be conducted under an anæsthetic. Discharge had been so free that the dressings—lint and cotton—had been removed once or twice a day. It was evident that this necessity had kept the wounds from healing. We substituted *oakum*—at first carbolized or moistened with a weak solution of "Labarraque," but after a few applications *plain*. We gave her a tonic of iron and quinine until we saw it increased her fever. In a few days oakum to the suppurating surface and food formed the whole treatment. At first she was dressed every other day, then twice a week, at length

once in five days. Her hectic was gone in ten days. Her fourth dressing was without an anæsthetic. She was walking in three weeks; and on the 1st of January she returned home, with burns all healed except at the elbow, where a small sore remained for two or three months later. Fortunately, the patient during her whole illness held her neck to the opposite side of that which was burnt, and from this circumstance perhaps escaped contraction there. The skin is considerably hardened, but there is little deformity. Motion at the elbow, wrist, and shoulder are well performed. The arm can be straightened and flexed almost to the fullest extent, and she is able to play with ease upon the piano, upon which instrument she is a skillful performer. On no occasion has the writer seen the admirable powers of oakum for rest and drainage illustrated better than in this case.—[R. O. C.]

TWO INTERESTING CASES OF TRAUMATIC CATARACT.

BY W. CHEATHAM, M. D.

At Dr. Agnew's clinic, New York, a man, carpenter by trade, reported, complaining of loss of sight of right eye. At a glance we could see he had cataract. On looking closely with oblique illumination a small white spot in upper part of cornea could be distinctly seen; and in further, just opposite to corneal opacity, a spot on anterior capsule of lens, both cicatrices, marking the entrance of some foreign body. Shortly afterward, while I was making another examination of the eye, I saw very distinctly a small black speck, which I at once took for the body that had done the injury. A month or so afterward the cataract was extracted by Dr. Agnew, and a small piece of what was supposed to be iron (probably a piece broken from a nail while driving it) was found in posterior third of lens.

July last Mrs. D., of St. Paul, Minn., came to my office, having cataract. The case presented the same appearances as the above,

with corneal and capsular opacities and opaque lens. I could see no foreign body.

I think both cases of great interest, as showing what injury can be done an eye without the patient's knowledge. In the first case the piece of iron had gone through the cornea and nearly through the lens without his being aware of it. The second case has no doubt suffered a like injury. She will have the cataract removed next fall, and we may, as in first case, find a foreign body buried in the lens. It may possibly have entered vitreous.

LOUISVILLE.

Correspondence.

To the Editors of the Louisville Medical News:

In the LOUISVILLE MEDICAL NEWS of the 15th of July, 1876, Prof. L. P. Yandell, jr., recommended upon experience the use of corrosive sublimate and quinine as a remedy for poison-oak eruption. Since that time I have given the remedy a fair trial, with the happiest results. There is living in this vicinity a young lady who is extremely susceptible to the effects of the *rhus toxicodendron*. I have in this case previously tried various remedies, but to no avail; the disease pursuing a regular course quite regardless of therapeutical measures. This spring she again applied to me for treatment. Her face and arms were badly swollen; so much so that her most intimate friends would scarcely have recognized her. I ordered a two-grain solution of corrosive sublimate to be applied to the inflamed surface thrice daily; also twenty grains of quinine, in divided doses, to be taken at regular intervals. I saw the patient about twenty-four hours afterward, and on examination found the inflammation giving away rapidly, and at the end of forty-eight hours it had entirely subsided. I have not tried the corrosive sublimate or the quinine separately.

I report this to the NEWS, hoping that it will prove acceptable to some of its readers,

as I am confident if any of them choose to try the remedy as recommended by Prof. Yandell they will be well pleased with the result.

CHAS. VAN WYE.

NORTH SALEM, LINN COUNTY, MO.

Reviews.

Surgical Observations, with Cases and Operations. By J. MASON WARREN, M. D., Surgeon to the Massachusetts General Hospital, Fellow of the American Academy of Arts and Sciences, etc. New York: Wm. Wood & Co., publishers. Boston: A. Williams & Co. Louisville: J. P. Morton & Co. Pp. 630. Price, \$3.50.

This volume, as its imprint shows, was issued ten years ago, but for some cause or other the book was withdrawn from circulation until this year. Why this was so does not appear. It is one of the most valuable contributions to surgery which has appeared in this country, and should be secured by every student and practitioner of our art. Dr. Warren's position was an important one. He was a scholar, the busiest of surgeons in a great surgical center for a third of a century, and was the representative of a name great alike in the surgical and political annals of this country; and Dr. Warren's book reflects the dignity, sense, and truth to be expected from its distinguished authorship.

The work consists of the record and observations on three hundred and seventy-three typical cases of surgery, arranged chiefly after the regional plan. They are always related in a circumstantial and straightforward way, and never fail to interest and to instruct. It contains also an account of the first cases under anaesthesia. The work is illustrated with several elaborate chromo-lithographs.

THE American Association for the Cure of Inebriates will hold its eighth annual meeting at Chicago, Sept. 12, 1877. Important papers will be read.

T. D. CROTHERS, M. D., *See'y.*

Formulary.

SYRUP OF CHLORAL.

The Chemist and Druggist states that Follet's syrup of chloral, in which the taste of the drug is disguised by syrups menthae, is that which is now chiefly employed in France. M. Carles, however, believes he has succeeded in preparing a still more agreeable variety by the adoption of the following formula:

R Chloral hydrat.....	gr. iv;
Aq. bullient.....	gr. ij;
Sodæ carb. (conc. sol.)	q. s.;
Ess. menthae	m. j.;
Syrup simp.....	gr. xciv;
Chloroform	m. j.

The carbonate-of-soda solution is to be added, drop by drop, till complete neutralization is attained. The proportion of chloral, it will be seen, is very nearly one in twenty-five.

PROTECTION AGAINST FLIES—FOR DOCTORS' HORSES.

R Linseed oil	ʒ xij;
Carbolic-acid crystals	ʒ ij;
Glycerine	ʒ jss.

Dissolve the glycerine and add the oil. Apply daily to legs, mane, tail, face, neck, and flanks; and the flies are driven off, much to the delight of the horses. The above excellent formula was made for me by Dr. Barnum, the druggist, Fourth Street, and has proven most satisfactory.

L. P. Y., JR.

CHRONIC CHILLS.

R Chinoidinæ	gr. ccxx;
Acid. sulph.....	q. s. ad solv.;
Ol. pip. nig.....	ʒ ss;
Ol. limons.....	ʒ j;
Alcoholis	q. s. ad solv. M.

<i>Et adde:</i> Aquæ.....	q. s. ad Oj;
Syr.....	Oj. M.
S. Tablespoonful	every three hours.

ELIXIR GLYCYRRHIZÆ.

R Radic. glycyrrhizæ opt.....	ʒ ij;
Spir. vini rect. fort.....	fl.ʒ vj;
Aquæ.....	fl.ʒ vj;
Syr. simplic.....	fl.ʒ iv;
Spir. aurantii	fl.ʒ jss.
Spir. cinnamomi.....	m. viii.

The spirits are made by dissolving one fluid ounce of the oil in fifteen fluid ounces of stronger alcohol.

Make a moderately coarse powder of the root, mix the alcohol and water, moisten the powder with the mixture, allow it to stand twelve hours, pack in a conical percolator, and pour on the balance of alcoholic mixture and sufficient diluted alcohol till twelve fluid ounces of percolate are obtained; add the syrup and the spirits of orange and cinnamon.—*Pharm.*

Miscellany.

FROM present indications there will be at least an average crop of students at the medical colleges during the coming session. The relation of the supply of students to the times is a curious one. When money is plentiful, great numbers seem to study medicine to pass away the time; when times are hard, an equal number embrace medicine after failing in other pursuits; so, come what may, our ranks are always full.

THE FIRST CASES UNDER AN ANÆSTHETIC.

Dr. J. Mason Warren, in his Surgical Observations, thus relates the circumstance of the introduction of the use of ether into the Massachusetts General Hospital:

"In the autumn of 1846, Dr. W. T. G. Morton, a dentist in Boston, a person of great ingenuity, patience, and pertinacity of purpose, called on me several times to show some of his inventions. At that time I introduced him to Dr. John C. Warren. Shortly after this, in October, I learned from Dr. Warren that Dr. Morton had visited him, and informed him that he was in possession of, or had discovered, a means of preventing pain, which he had proved in dental operations, and wished Dr. Warren to give him an opportunity of trying it in a surgical operation. After some questions on the subject, in regard to its action and the safety of it, Dr. Warren promised that he would do so. On the Tuesday following, Oct. 13th, after the surgical visit at the hospital, a patient was brought into the amphitheater for operation. This being the first opportunity which had occurred since Dr. Warren's promise to Dr. Morton, Dr. Warren said to us: 'I now remember that I have made a promise to Dr. Morton to give him an opportunity to try a new remedy for preventing pain in surgical operations,' and asked the patient if he should like to have the operation done without suffering. He naturally answered in the affirmative. The operation was therefore deferred until Friday, Oct.

16th, when the ether was administered by Dr. Morton with his apparatus, and the operation performed by Dr. Warren. It consisted in the removal of a vascular tumor of the neck, which occupied five minutes. During a part of the time the patient showed some marks of sensibility; but subsequently said that he had no pain, although he was aware that the operation was proceeding. On the following day a woman requiring the removal of an adipose tumor from the arm was rendered insensible by ether, given by Dr. Morton; and Dr. Warren requested Dr. Hayward, who was present, to perform the operation. This was successful, the ether being continued through the whole operation, which was a short one, and the patient being entirely insensible.

"A few days afterward Dr. Warren informed me that he had learned from Dr. Charles T. Jackson that he had suggested the use of ether to Dr. Morton.

"The success of this process in the prevention of pain was now quite established. Its use, however, was suspended for a time, for reasons which Dr. Warren has already given in his first paper on ether; and the experiments were not again resumed until Nov. 7th, when Dr. Morton declared his willingness to state the nature of the agent employed. Two important operations were now done successfully at the Massachusetts General Hospital under its agency: one, an amputation of the thigh, by Dr. Hayward; the other, a very difficult and bloody operation—removal of a portion of the upper jaw in a woman—by Dr. Warren. On the same day I operated on an infant for hare-lip; but, as we had thus far had little experience in the use of ether, it was not thought prudent to employ it with so young a child. With a more full experience, however, I have since given it in this operation at the earliest ages of life; in one between six and eight hours after birth.

"On Nov. 12th I performed the first successful operation under ether which was done in private practice, on a young woman, for a tumor of the arm. The ether was admin-

istered for three minutes, when the patient became unconscious. The operation then proceeded, the inhalation being continued. The patient was so entirely tranquil that Dr. J. C. Warren, who was standing by her side, was not aware that the operation had commenced until it was nearly completed. Nov. 21st I did another operation in private practice, at which many of the profession were present—the removal of a formidable tumor of the thigh.

Selections.

TREATMENT OF PROSTATIC ENLARGEMENT BY THE USE OF NÉLATON'S GUM CATHETER.

The opinion has become prevalent in our profession that when prostatic urinary trouble occurs it is useless to attempt any treatment, except palliatives, in the way of opiates, hot hip-baths, etc.; the patient is regarded as breaking down, and is candidly advised his case will result fatally in a short time. Prof. W. H. Van Buren remarks: "I have been often impressed with the conviction that the occurrence of symptoms of prostatic urinary obstruction is pretty generally accepted in our profession as evidence that a man who has passed the prime of life is beginning 'to break up'; that there is little use in attempting measures for his systematic or permanent relief, and that little duty is owed him beyond drawing off his water when positive retention overtakes him, and the judicious administration of opium to render his pains tolerable and soothe his downward course. To this mode of looking at such cases I am compelled to place myself in antagonism." The experience of many of our eminent surgeons—Sir Henry Thompson, Van Buren, Gouley, and others—clearly demonstrates that if the symptoms of prostatic enlargement are early recognized, and promptly and properly treated, life may be much prolonged and the usual intense suffering averted.

Now, when we consider that the researches of Sir Henry Thompson and Dr. Messer prove that one tenth of the men approaching sixty years of age have marked symptoms of prostatic disease, we can but be impressed with the importance of a more thorough understanding of the early symptoms of prostatic enlargement and its proper management. If a man over fifty years of age applies to you because of a too frequent desire to make water, especially at night, you should suspect a beginning of prostatic trouble, and make the necessary examination,

both by rectum and by urethra. If your examination should satisfy you that there is beginning prostatic growth, the treatment should be commenced immediately. Until within the last few years solid catheters were relied on for the relief of retention of urine due to obstructive prostatic enlargement, but more recently some practitioners have wisely substituted the soft vulcanized gum catheter of M. Nélaton. It is my earnest conviction that a more valuable improvement than these soft, flexible catheters has not been made in surgical instruments during the last quarter of a century. I am aware that this is a strong assertion, but am satisfied that it is not an exaggeration. If you will consider the pathological condition that exists in an enlarged prostate, which is a dam preventing the flow of urine, you will readily observe that it is a serious error to attempt to relieve the retention of urine by the introduction of a solid instrument, when to reach the bladder the instrument will have, as it were, to plow a furrow through the enlarged gland; and the inflammation resulting from such violence must increase the existing obstruction, and thus the patient's existence may be the painful and speedy sacrifice.

Bearing in mind the character of the obstruction, you will observe how well adapted the soft catheters are for entering the bladder with worm or eel-like movement. An examination of one of them will satisfy you that they are incapable of doing the slightest harm, even in the hands of the merest tyro in medicine, or with any patient. I can assure you, from an experience of nearly four years in the use of these catheters, that in all cases of obstruction from prostatic enlargement that I have met with I succeeded in readily passing the instrument into the bladder and relieving the retention, producing comparatively no pain.

The urethra possesses much tolerance, a wise provision of nature, and it will bear the repeated introduction of these soft catheters each day without any irritation resulting. When the solid catheter was relied on in cases of retention of urine a resort to catheterization was deferred as long as possible on account of the intense suffering produced. But now, with one of these very soft, flexible catheters, which can be passed into the bladder without the slightest uneasiness, an early resort to it is called for and justified in the treatment of retention of urine due to prostatic enlargement.

Indications for the Use of the Catheter.—Very recently Sir Henry Thompson remarked that there are two indications which point to the time for commencing the habitual use of the catheter for emptying the bladder in cases of obstructive enlargement of the prostate. "Firstly, we must know the amount of residual urine habitually present, that is, the quantity left in the bladder after the patient has passed all

he can by his efforts; and, secondly, we must observe the degree of frequency, by day and by night, with which he passes water, but especially during the latter period." He says, "Let us suppose a case in which eight ounces always remain behind; that quantity suffices, in my opinion, to make it desirable that the patient should at once commence the daily use of the catheter." The second indication—the frequency of passing the urine by day and especially by night—is a symptom that demands attention and prompt resort to the catheter. The interruption of sleep and rest in elderly persons rapidly undermines the health.

There is no suffering so severe as that from retention of urine. The greatest living author on the genito-urinary organs, Sir Henry Thompson, says, "If, after twenty-four hours of agony, relief follows your dexterous use of the catheter, and the two or three pints which the patient was unable to void are withdrawn by your hand, he tells you that he is in heaven—a common expression with such patients; and he will never doubt for a moment that you were the author of his translation." I have repeatedly been more warmly and gratefully thanked by the patient and his family for relieving, by the use of these soft catheters, the retentions of urine than for any other professional service.

If you will consider the obstruction that exists in cases of enlarged prostate, I am sure you will never attempt to force a solid instrument by such an obstruction, but will in such cases rely on one of the soft catheters, which can, as I have before stated, worm its way by an enlarged prostate without the slightest injury to the tissues.

How and When to Use the Catheter.—Professor Van Buren reports cases of prostatic enlargement which have been kept under control from twelve to twenty years by the systematic use of the catheter four or five times a day. As a rule, at the appearance of the first symptoms of the disease the patient should commence relieving the bladder four or five times in every twenty-four hours with one of these flexible instruments. If this injunction is observed life may be much prolonged and the usual intense suffering made comparatively slight.

In cystitis, due to mechanical or chemical causes, warm water injections into the bladder are of unquestionable value. In inflammation of the bladder from obstructive prostatic enlargement warm injections will be found very efficacious in cleansing the viscera and soothing the inflamed tissue. If the patients are instructed to relieve the bladder with the catheter and inject warm water before retiring, they will often get a night of undisturbed sleep. But, besides, the dam formed by the prostatic growth causes retention of the urine, and hence decomposition of it with resulting cystic inflammation and

the probable formation of a calculus. Warm water injections are necessary to cleanse the bladder, thereby preventing such formation the soft catheters, together with a fountain-syringe, are all that are required for the injections.—*Dr. J. W. Thompson, in American Practitioner.*

The Hygiene of Phthisical Patients.—The unlimited use of fresh air is by far the chief desideratum for a consumptive. This is a point the value of which is greatly underrated by physicians, and which has to be repeated continually to consumptives. If we could make a patient in the city breathe pure country air several hours every day; if, besides, we could put him under proper hygienic conditions, free from mental cares, we could sometimes save valuable lives, or at least retard the progress of the disease. In speaking about night air, the contamination of the air by accumulation of carbonic acid in closed rooms is already mentioned. But an equally deadly enemy of the consumptive is the dust in its finest forms, which is always in a room, even if kept scrupulously clean with all the windows open. To convince ourselves of the great quantity of this finest dust, it is not sufficient to look at a ray of the sun shining into a room, but it is necessary to darken the room completely except a very small opening, and I doubt if many can be found who would approach the ray of light with their mouth open without disgust. The same experiment can be made with strong electric light. The time a patient is spending in a room is lost, and worst than lost. I mentioned here only dust as contaminating the air in a room; but there are a good many other injurious elements in our dwellings helping to deteriorate the air; as, for instance, the decrease of oxygen, the excrements of respiration (carbonic acid and aqueous vapor), the excrements of perspiration, the products of illumination, the formation of carbonic oxide (results of gaslights, stoves), accidental vapors (tobacco smoke, kitchen vapor, etc.), the warming into motion of the whole conglomerate—each enough to drive a consumptive out of doors, who is in earnest to do the best he can for his health.

Exercise is another essential for phthisical patients, especially as it assists to overcome the deficient expansion of the chest and to bring air into parts of the lungs which were more or less inactive. To achieve this end ordinary walking is not sufficient, but the patient must take deep inspirations, stop when his breath shortens, fully recover it, then go on until the breath shortens again, never allowing himself to become even partially "blown." In this connection, it may be permitted me to say a few words about the manner of breathing, which I extract from Niemeyer's *Atmistry*, and to which too little attention is paid as yet. We pay much and often painful atten-

tion to our food-diet, but how many are there who observe a respiratory-diet, which is equally if not more important than the first. One of the reasons of this neglect is the secrecy with which respiration takes place. Many acts are necessary for nourishment—the procuring of food, its preparation, mastication, digestion; the excrements are disagreeable to our senses; nothing of all this with the respiration. We breathe unconsciously, and if the air becomes bad in consequence of accumulation of respiratory excrements, it does not become perceptible to our senses. We distinguish three modes of breathing: shoulder respiration, the most important; costal respiration, depending upon the elasticity of the ribs; abdominal respiration, the most extensive, as the descent of the diaphragm sets about three fourths of the lung into activity. The apices are the least ventilated parts of the lungs, as the shoulder respiration requires a certain position of the body and a certain amount of labor—unlike abdominal respiration, which is possible in all positions. Besides a proper position some few more points interfere with full shoulder respiration: the scapula with its appendices, the extremities, rests like a roof on the top of the lung, and has to be raised by will in order to comply with the object in view. The apices have not those supplementary spaces at the side and the base of the lung suited to receive the inflated parts. Further, the bronchus of the upper lobe does not directly descend, as in the lower lobe, but runs upward in a curved direction and divides very early into a multitude of bronchial tubes, so that the inspiratory stream of air has to run around many curves and corners till it reaches its destination—the alveoli. The apices of the lung are, therefore, best adapted to serve as a reservoir of residual air, which stagnates and is seldom and imperfectly renewed—a fact which plays an important part in the etiology of the primary seat of the disease, which, as well known, is in the majority of cases the apices. Full breathing is as essential to the lungs as eating to the stomach, and we delight to see the new-born child exert it to the fullest extent during the act of crying. All nomadic tribes are naturally full breathers, while we are accustomed to a sitting life, and only occasionally, when bent over too long in one position, erect ourselves and take involuntarily a deep, full breath. Artificial positions assist in setting certain parts of the lung into activity, and ought to be recommended, after careful selection, to the patient. For the sake of illustration, examples of two positions may be mentioned: if we desire a patient to breath more with one side, for instance, the left, lower the right shoulder, let the right arm hang down, and raise the left arm and breathe deep. To promote shoulder respiration let an attendant compress the false ribs of the patient, and have him cross his hands over his head and breathe deep.

The use of cold water in its different applications ought not to be neglected in the treatment of invalids, as the skin is inactive and prone to perspiration. Cultivation of the skin counteracts the disposition to catching cold, and cold water applications act very favorably against an accompanying fever.

The relief of unpleasant or dangerous symptoms, especially careful observation of the functions of digestion and assimilation, are of course to be kept constantly in view.—*W. Gleitsmann, in N. O. Med. and Surg. Journal.*

The Present Treatment of Syphilis at the Vienna School.—The following condensation of Professor Sigmund's recent clinical lectures on the progress in the treatment of syphilis in the past decade of years (1867-1876) gives the present treatment of syphilis at this perhaps the largest venereal clinic of our time:

The author bases his statements on facts collected at his clinic, and from a large private practice.

The following new remedies were tried: carbolic and salicylic acid, and iodoform and oleate of mercury. The following old remedies were tried in new ways: suppositories of gray ointment; the combination of mercury, sodium, and chlorine, and of iron and the oxide of mercury internally; corrosive sublimate by inhalation; a number of the mercurial preparations hypodermically; finally, the inunction method combined with balneotherapy.

Carbolic acid, after trial in every way, proved of value only for *external* use, and is recommended by Sigmund for cleanliness for bandaging and rarely for caustic use. A solution of carbolic acid in water, 1.00 is the *general wash* for wounds and ulcers, and for injections into the vagina, rectum, mouth, throat, and especially nose (ozena). One part to 20.30 of water or glycerine or alcohol is the application for freely suppurating ulcers, for diphtheritic deposits, and especially for gangrenous surfaces. This application three or four times a day is the best antiseptic of all, and is never followed by any injurious effects. As a caustic (one half carbolic acid to one third glycerine) for opening abscesses, etc., it is not better than the old Vienna paste. The Lister-bandage method the author has used for gangrenous destructions of all kinds, especially in anæmic patients, and for the separation of gummatous infiltrations (for instance, for the gummatæ of both testicles as large as the fists), and with the most satisfactory results.

Salicylic acid is like carbolic, but its high price prevents its general use.

Iodoform internally in small doses (0.10-0.15-0.20-30 daily) in pill-form, morning and evening, induces after a time catarrh of the stomach and bowels. Its odor as discharged from the mouth and anus in gaseous form is so unpleasant to the patient

and those about him as to lead to its disuse; moreover, its external use is not of much value.

The oleate of mercury by inunction had no advantage over mercurial ointment, except that it never produces salivation. It is better in private practice because less known, and therefore betrays less.

Suppositories of mercurial ointment (4.5-1.5 cocoa butter each) were tolerated by but very few. Most patients are attacked with tenesmus, colic, more or less violent catarrh of the stomach and bowels, and in two or three days no mark of them could be retained. Moreover, gingivitis and salivation occurred without very favorable influence upon the syphilitic process.

Corrosive sublimate, with collodion externally, is a most valuable agent (one part sublimate to 8-16 collodion) when painted over psoriasis palmaris and plantaria twice daily after a bath with soap. Gloves and stockings are to be drawn on afterward and left on over night. The heavy, thick infiltrations and massive horny incrustations always disappear after this treatment.

Sublimate inhaled locally into the mouth for pharynx and larynx complications preserves its high place, but it is without general effect because it can not be long continued.

Subcutaneous injections of mercurials, particularly with sublimate cyanide and calomel, show no special difference from each other. New phases of the disease are not prevented from appearing by this or any other form of treatment. The old method of administering mercury deserves the preference as a rule, and hypodermic medication is only to be resorted to in special cases.

Baths and mineral waters assist every form of treatment in marked degree by hastening metamorphosis. Of all the methods of treatment the "inunction cure" is most assisted by balneotherapy. Exercise in the open air is one of the great advantages also gained at a watering-place. Many of the cases of the so-called scrofula, obstinate to iodine and bromine, because they are really inherited syphilis; cases of gummatæ and corneal and conjunctival affections are readily cured of their old and obstinate, often disfiguring, troubles by adding mercury to the treatment, while most of the anæmic and reduced patients are restored at once.

The time at which general treatment is to be undertaken, according to the author's careful clinical observations, is determined by the appearance of disease at places distant from its reception. Papulæ in the vicinity of the place of infection and upon the tonsils, together with general glandular enlargement, which manifestations never occur before the sixth to the eighth week, are the indications for general treatment.

The number of facts has more and more increased

showing the successful treatment of syphilis in pregnancy with mercurial preparations, and especially with inunction. This treatment, the author states, never produces abortion or premature labor. Patients improve under it; and if the treatment shall have been commenced at the time of appearance of papules, the mothers carry their children to maturity. The children then very often do not show the signs of syphilis, and remain alive; and if the children are born and badly nourished, they recover generally under good diet, of which the milk of their mothers is the best. Treatment begun before the fifth month of pregnancy, and continued long enough, accomplishes this result, while that begun after the sixth or seventh month leaves less to hope. But even in the last months of pregnancy, with very extensive papular syphilides, the "inunction cure" caused no injury to the fetus. Many pregnant women have here reached the normal end of pregnancy, and did not suffer the grave injuries to the os uteri and external genitals (ruptures, lacerations, etc.) which so often occur in syphilis, and the puerperal bed was just as favorable as in non-syphilitics.

Syphilitic children are above all things to be put under most favorable hygiene, from which the most is to be hoped. The syrup of iodide of iron and sublimate baths are of great value in their treatment. The chemical examination of the milk of women methodically treated by the inunction method showed quicksilver in the milk for fourteen days after the end of treatment. What value such milk may possess for the suckling remains to be proven. The experiment of inoculating the milk of animals (cows, sheep, goats, and asses) with mercury and iodine, to use it in the treatment of children, have led as yet to no practical results. The author could not get the results said to have been obtained on the Scandinavian coast by feeding sheep with sea-plants containing much iodine and bromine.

The gummatus forms of syphilis, the tertiary forms, find in sublimate, most especially in inunction of mercurial ointment, a more permanent means of cure than in the preparations of iodine, whose effects are most rapid in cases, it is true, but are less permanent.

The treatment of visceral syphilis and nerve-syphilis has clearly gained since the combination of hydro-therapy and mineral waters with the preparations of mercury and iodine.

As in former so also in late years has the value of expectancy and observation established itself in the therapy of the first stage of syphilis; and Sigmund has seen a considerable number of patients known to him from former years permanently cured by pure local treatment of the first symptoms—cases of spontaneous or natural cure. This result appears to occur oftener among women than among men. Further,

the exhibition of mercury in small doses at longer intervals has proven more useful than attacks with larger and stronger doses. For the treatment of the second stage of syphilis, the mercurial preparations are the most reliable means of cure. That in the third stage in different seats and forms of the disease mercury is still very often the chief remedy, with iodine, bromine, and other agents with it in combination, has already been mentioned.

The careful study of the history of chronic syphilis refutes the error, again recently committed, of ascribing the development of the graver forms of the third stage to the use of mercury.—*Allgem Mediz Central Zeitung; Canada Medical Record.*

Inflammation of the Middle Ear.—When a patient complains of earache, and on examination with the speculum the drum is seen to be red, it is good practice to turn into the ear a stream of water as warm as it can be borne. This is best done by the aural douche. Where this is not at hand a Davidson's syringe may be substituted; first converting it, however, into a siphon. To do this the vessel containing the water must be raised a short distance above the patient's head; the syringe then filled by compressing the bulb a few times, when by lowering the tube the water will continue to flow in a gentle stream, which is to be turned on the inflamed parts. A small rubber tube may be made to answer the same purpose. The douche, by whatever means effected, should be prolonged and often repeated.

Many cases of earache are met with, especially among children, which are relieved by having the patient turn the head well to the sound side, and pouring the ear full of very warm water. This may require to be repeated a number of times before relief is obtained, but in any event is always to be preferred to the various "ear-drops," composed of laudanum, onion-juice, and the like. If this fails to relieve the pain, a leech should be applied a short distance inside the auditory canal upon its anterior wall; and when it falls away the bleeding is to be encouraged by hot-water douche, or by flannels wrung from boiling water, industriously used for a half hour after. When the drum is found to be red and bulging, denoting fluid in the tympanic cavity, paracentesis should be immediately performed; the operation is exceedingly simple, and gives almost instantaneous relief. Should the fluid not flow as freely as may be desired, the patient is directed to practice Valsalva, or inflation should be made by Politzer's bag. In cases where the Eustachian tube is so entirely closed that air can not be made to enter the middle ear, Seigel's otoscope, with very gentle but effectual suction, should be applied.

The after-treatment is to be governed in great degree by circumstances; but leeches, hot water, and

morphine may be safely said to be the most important means at our command. The latter agent is more than a mere anodyne in such cases; it seems to be positively curative in its effects. Should disease of the throat co-exist—and it often does—attention must be paid to this. And where inflating the ear is not too painful a procedure, it should be done, since it is believed to accomplish good in more ways than one: first, by keeping the Eustachian tubes open; second, by forcing out of them the accumulated muco-pus; third, by keeping up motion in the chain of bones, and thus guarding against ankylosis.

If it should be asked why perform paracentesis of the drum of the ear, the answer is that the procedure is undertaken here for the same reasons which govern its application in other localities. It is the popular belief that a hole in the drum is synonymous with deafness; but such is the reverse of the fact, even in some cases where nature has herself made the perforation. Roosa, of New York, relates the case of a person whose drum had been entirely destroyed, and yet whose hearing was unimpaired. I have seen many patients who had holes in the drums whose hearing was as acute as could be.

When pus, or more properly muco-pus, accumulates in the middle ear, it must find vent through the drum by ulceration, which is the best and safest for the patient, or by burrowing into the mastoid cells; or, again, by destruction of the thin plate of bone which lies between this cavity and the brain—an event which is sometimes followed by fatal consequences. Where the matter perforates the drum by ulceration the nutrition of the membrane is so interfered with that it can never recover; the opening never closes; whereas, if a timely incision be made into the drum, we often experience considerable difficulty in keeping the opening patent.—*W. Cheatham, M.D., in American Practitioner.*

Treatment of Hydrophobia by Oxygen.—A girl, seven years of age, was bitten by a rabid dog. The wound, which involved the subcutaneous cellular tissue, was at once cauterized with nitrate of silver, and healed completely in seven days. The child had suffered three month previously from diphtheria, which had left a paralytic aphonia. When the wound had healed the child became very excitable. Seventeen days later dyspnea suddenly manifested itself. The inspirations were free, but expiration was difficult and interrupted. Deglutition was almost impossible. Neither urine nor feces were passed for forty-eight hours. The child inhaled three cubic feet of oxygen, which relieved the symptoms in two hours and a half. The next day a more severe attack occurred, with spasm of the muscles of the back and limbs, spasmoid respiration, and complete insensibility. These symptoms were again removed in three

quarters of an hour by the inhalation of oxygen. The slight dyspnea which remained was treated in the same manner with oxygen for ten days, and the child made a complete recovery, with the aid of the monobromate of camphor, which was continued for two weeks.—*Wratschbuija Wedomosty.*

Nerve - stretching in Sciatica.—John Chiene (Practitioner, May, 1877) reports two cases of sciatica cured by operation as recommended by Prof. Nussbaum, of Munich. The operation consists in exposing by an incision the large nerve affected as the sciatic, and lifting it upon the finger. It is then pulled proximally and distally, and finally the limb of the patient is lifted up from the table by the nerve. Both patients were strong, muscular men, employed as furnace-men, and therefore exposed to great alterations of temperature. One was left-handed and the other right-handed. The former had sciatica in the right leg, while the latter had it in the left. This can be accounted for by the fact that, supposing the man to be right-handed, the nerve of the left leg is put on the stretch at each time of heaving coals with a shovel into the furnace. The opposite limb is affected if the man is left-handed. This stretching of the nerve as it passes out of the sciatic notch the writer thinks is probably one of the causes of sciatica.

Both men had suffered severely with pain, and been unable to work for several months. The various remedies, as quinine, injections of morphine, galvanism, blisters, etc., had been tried without any good effect. In each case the sciatic nerve was exposed by an incision over it below its exit from under the fibers of the gluteous maximus. The nerve was then hooked on the finger and forcibly pulled from above downward, and from below upward, and the limb lifted from the table by it. The wound was treated antiseptically, and allowed to heal. The relief of pain was immediate after the operation; motion and sensation of the limb were not affected. Both men were able, the next day after the operation, to move their limbs without pain. At the end of two weeks they were able to get out of bed and walk about, and in a month were discharged from the hospital cured. The *rationale* of this treatment the writer finds difficult to explain. If neuritis is one of the causes of sciatica, and the pathological conditions of the nerve are adhesions and thickening of the neurilemma, which press upon and irritate the nerve-fibrils, then probably the result of severe stretching is to break down the adhesions and remove the pressure from the nerve. It is worthy of mention that the relief of pain was immediate after the operation, and the functions of motion and sensation were not disturbed. It may then be inferred that the nerve-tissue proper was not ruptured, but the stretching acted on the neurilemma or insulating part of the nerve.